

Alleghany Youth Volleyball League / Coaches Application

Coaches Name: _____

Address: _____

Day Phone: _____ Evening Phone: _____

Shirt Size (circle one): Small; Medium; Large; XL; XXL

Please answer the following questions:

1. How many years experience do you have in coaching any team? _____
2. What age group would you prefer to coach? (3rd-4th grade) (5th-6th grade)
3. Have you ever been convicted on an offence against the law other than a minor traffic violation? Yes or No If yes, explain?

4. Only 1 automatic draft choice allowed per team unless a coach has 2 children. (Other leagues throughout the community have had great success with this rule, it helps keep teams more equitable).
5. In your opinion, what changes can be made to make this year's league better? If first year coach, please give ideas for a good season.

A copy of your driver's license must be submitted with this application.

Copies can be made at the County Office Building when you turn in your application, if mailed, please include copy.

**** This is only an application. The Coaches will be selected for the season and will receive an invitation to the Coaches Meeting / Clinic – Date, Time & Location TBA.***